

VIOLENT INCIDENT OR THREAT REPORT – WORKER REPORT FORM

The information contained in this report will assist the Occupational Health and Safety Joint Committee in conducting any investigation and report as required by Part 3 of the WCB regulations.

Employees reporting injuries or adverse symptoms as a result of an incident are advised to seek first aid an/or consult their personal physician for treatment or referral.

★ Identifying Information ★

Name _____ Job Title _____

Shift _____ Employer _____

Workplace Location/Address _____

Location of Incident (specify, e.g.: Reception, hallway, 2nd floor, road check etc)

Type of Assault/Threat Verbal Struck Pushed

 Written Threat Telephone Threat

 Other _____

(Add additional information on nature of threat, as appropriate (e.g., Struck with _____ bitten, etc) _____

Describe incident (what happened). Use additional paper if required:

Medical attention/First Aid obtained? Yes No

